DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: REM WISCONSIN III INC - LANGDELL ROAD (0010565)

Address: 7740 W LANGDELL RD, MONDOVI, WI 54755

License Status: REGULAR

Licensed/Certified/Registered 09/01/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Compliance

Verified

Corrected

Survey ID: 0094987 End Date: 06/01/2005 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009811 Served 06/06/2005

Deficiencies Cited Subject Area

88.10(3)(q) MEDICATIONS

Survey ID: 0093251 End Date: 08/25/2004 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 05/19/2005 Date Investigation Completed: 06/02/2005

Subject Area(s) Result SOD #

RESTRAINTS NOT SUBSTANTIATED

MEDICATIONS SUBSTANTIATED 10009811